

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518159

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		1		1		
14	1		1			
15		1		1		
16						
17	1		1			
18	1		1			
19	1		1			
20		8		1		
21						
22	1		1			
23		1		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31	1		1			
32		1		1		
33						
34		1		1		
35		1		1		
36	1		1			
37		1		1		
38	1		1			
39		1		1		
40		1		1		
41	1		1			
42	1		1			
43		1		1		
44		2		1		
45		2		1		
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53			1			
54				1		
55						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.	←		52	←		←
TOTAL CLAIMS			65			